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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	CFP-811-1 / 15722-222
	First Named Inventor	Scott Wu
	Original Patent Number	6,055,732
	Original Patent Issue Date (Month/Day/Year)	05/02/2000
	Express Mail Label No.	EL 783331523 US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> Statement of status/support for all changes to the claims See 37 CFR 1.173(c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		8. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>
6. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>		12. <input checked="" type="checkbox"/> Preliminary Amendment (3 pages)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney		14. <input checked="" type="checkbox"/> Other: <u>PCT Search Report (2 pages); Check in the amount of \$355.00</u>

14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label *(Insert Customer No. or Attach bar code label here)* or Correspondence address below

Name	Alan Kamrath RIDER BENNETT EGAN & ARUNDEL, LLP.				
Address	Suite 2000 333 South Seventh Street				
City	Minneapolis	State	MN	Zip Code	55402
Country	USA	Telephone	(612) 340-8925		Fax (612) 340-7900

NAME (Print/Type)	Alan Kamrath	Registration No. (Attorney/Agent)	28,227
Signature	<i>Alan Kamrath</i>	Date	01/18/2001

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
CFP-811-1/ 15722-222

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 8 (C) 1	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 16 (D) 2	**** 0 * 0	X\$0=	0	or X\$ =	
				Basic Fee (37 CFR 1.16(h))	\$355		\$ _____
				Total Filing Fee	\$355	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 20	MINUS	** 20	* =0	X\$0=	0	or X\$ =	
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	=0	X\$0=	0	X\$ =	
					Total Additional Fee	\$0	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

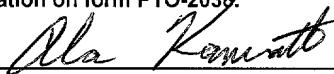
**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 27 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1188.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 355 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

January 18, 2001

Date


Signature of Applicant, Attorney or Agent of Record

Alan Kamrath, Attorney of Record

Typed or printed name